

COUNTY OF LAWRENCE

Application for Employment

-OFFICE OF-**HUMAN RESOURCES**

COUNTY COMMISSIONERS

Morgan Boyd, Chairman Loretta Spielvogel Daniel J. Vogler

Office Of Human Resources

Office: 724.656.2164 Fax: 724.656.2461

Email: lcapps@LawrenceCountyPA.gov

Lawrence County Government Center 430 Court Street New Castle, Pa, 16101-3593 Website: www.lawrencecountypa.gov

Lawrence County, PA considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Equal opportunity employer M/F/H/V.

PLEASE PRINT IF FILLING OUT BY HAND

Position(s) Applied For				Date o	f Applicat	ion		
Last Name		First Name				M.I.		
Address	City		State	9		Zip Code		
Telephone Number	Alter	rnate Number			Email Ad	ldress		
If you are under 18 years of age, can you provide Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant			work?			Yes Yes	□ No □ No	
If yes, explain								
Have you ever filed an application with us before Do any of your friends or relatives work here?	·					Yes Yes	□ No □ No	
If yes, state name, relationship and location:								
Are you currently employed?						└ Yes	L No	
If yes, may we contact your present employer a	nd plea	ase provide name						
Are you prevented from lawfully becoming emplo Status? <i>Proof of citizenship or immigration statu</i>	oyed ir s will i	n this Country because of visa of the required upon employment	or imn	nigratio	n	Yes	No	
Date available for work:				What i	is your de	sired salary	?	
Are you available to work:	(P	lease indicate 1 st 2 nd _		or 3 rd	sh	ift)		
Are you available to work:	(P	lease indicate Mornings	After	rnoons	Eve	enings 🗌		
Are you available to work: Temporary		(Please indicate date available	e)					
Are you currently on "lay-off" status and subject	to reca	all?				Yes	No	
Can you travel if a job requires it?						Yes	No	
Do you have a valid driver's license?						Yes	No	
Veteran?						Yes	No	
Have you ever been terminated from a job?						Yes	No	
If yes, why?								

EDUCATION	Name and Address of School	Course of Study		Number of Years	Diploma or Degree
High School					
College					
Technical School					
Other (specify)					
Additional Information	on				I
Start with your pre	sent or last job; include any job related military service a religion, gender, national origi				hat indicate race, color,
		Dates of E	mployment	Descr	iption of Duties
Employer		From	То		
Address					
Telephone Numbe	er	Hourly R	ate/Salary		
Starting/Present J	ob Title	Starting	Final		
Supervisor					
Reason for Leavin	g		May we co	ontact? Yes	No
		2			(5 .:
		Dates of Employment		Desci	ription of Duties
Employer		From	То		
Address					
Telephone Numbe	er	Hourly F	Rate/Salary		
Starting/Present J	ob Title	Starting	Final		
Supervisor					
Reason for Leavin	g		May we co	ontact? Yes	No
		Dates of Employment		Descri	ption of Duties
Employer		From	То		
Address					
Telephone Numbe	er	Hourly Rate/Salary			
Starting/Present J	ob Title	Starting	Final		
Supervisor					
Reason for Leavin	g		May we co	ontact? Yes	No 🔲

		Dates of Er	nployment	Description of Duties
Employer		From	То	
Address				-
Telephone Number		Hourly Ra	ite/Salary	
Starting/Present Job Title	·			
Supervisor				
Reason for Leaving		May we conta	oct? Yes	
				No
		OFESSIONAL REFER		
Name	Phone Number	Best Time to Ca	Occupation	
If I am hired, I understand that I am free a Lawrence reserves the same right to termi except as may be required by law. This ap period or definite duration.	nate my employmer	nt at any time wi	th or with or wit	thout cause and without prior notice,
I hereby authorize the County of Lawrence other matters related to my suitability for company any and all letters, reports and ot such disclosure. In addition, I hereby relacorporation, partnerships and associations investigation or disclosure.	employment and, for her information pert ease the County of	urther, authorize aining to my emp Lawrence my cu	my current and ployment with the prent and forme	former employers to disclose to the nem, without giving me prior notice of er employers, and all other persons,
				Initial
I understand that if offered employment, alcohol/drug screen and pre-employment alcohol/drug screen and pre-employment palcohol/drug screen and/or physical will res	physical. By signing physical upon receipt	g this application of a verbal offer	, I voluntarily ag of employment.	gree to submit to a pre-employment
				Initial

I certify that the answers given herein are true a	nd complete to the best of my knowle	dge.	
In the event of employment, I understand that fa also understand, that if hired, I will be required t			ılt in discharge. I
Signature of Applicant		Date	
	Print		

LAWRENCE COUNTY IS

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/D

Lawrence County complies with the Drug-Free Workplace Act of 1989 $\,$